

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			2/13/01
FORMALITY REVIEW	JM	70564	2/28/01
RESPONSE FORMALITY REVIEW	HC	712	05-31-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	2/13/01
2	2/13/01
3	2/13/01
4	2/13/01
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Claim	Date
Final Original	
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Claim	Date
Final Original	
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150	2/13/01

If more than 150 claims or 10 actions  
 staple additional sheet here

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